PART B - FEE(S) TRANSMITTAL

Complete and send this form, togethe. with applicable fee(s), to: Mail
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2889

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Planta, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (3) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' modicated unless corrected below or directed otherwise in Block 1, by (3) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' modicated unless corrected below or directed otherwise in Block 1, by (3) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS' modicated unless than the second of the secon	ere
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address	as
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"	for
maintenance fee notifications	

CORRENT CORRESPONDENC	E ADDRESS (Note: Use block 1 to	any change of agaress)		Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
-02+121- 75	90 05/17/2006						
OPPEDAHE AND EARSON LLP PO BOX 5668 DILLON, GO 80435-5068				Certificate of Mailing or Transmission Lhereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Previously changed to:				(Depositor's name)			
Customer number 57381 Marina Larson & Associates, LLC				(Signature)			
PO Box 4928		sociates O 80435				(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/605,498	0/605.498 10/02/2003 Martin		Martin Gleav	/6	UBC.P-031	2497	
TITLE OF INVENTION: CO	OMPOSITIONS AND ME	THODS FOR TREA	ATMENT OF PRO	STATE AND OTHER C	CANCERS		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	08/17/2006	
EXAM	EXAMINER ART UNIT		IT	CLASS-SUBCLASS	7		
BOWMAN, AI	MY HUDSON	1635		536-024500	_		
"Fee Address" indicat PTO/SB/47, Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI The Univer	an assignce is identified be 137 CFR 3.11. Completion EE Sity of Brit assignce category or category.	eation form the of a Customer BE PRINTED ON The the low, no assignee of this form is NO ish Columnias (will not be presented to the presente	or agents OR, a (2) the name of registered attor 2 registered pat listed, no number HE PATENT (pri data will appear o T a substitute for fi (B) RESIDENCE abia inted on the patent	a single firm (having as ency or agend) and the na ent attorneys or agents. I will be printed. Into rtype) In the patent. If an assignment. If CITY and STATE OR Vancouv in Individual	a member a 2 As mes of up to If no name is 3	_	
4a. The following fee(s) are enclosed: ✓ Issue Fee ✓ Issue Fee ✓ Advance Order - # of Copies — Advance Order - # of Copies			4b. Payment of Fec(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims Si	(from status indicated abov MALL ENTITY status. See		□ b. Applicant is	no longer claiming SM.	ALL ENTITY status. See 37 (CFR 1.27(g)(2).	
					sly paid issue fee to the applic gistered attorney or agent; or		
Authorized Signature 7	Marina J.	Rarson		Date J	uly 14, 2006		
	Marina T. La			Registration			
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-	on is required by 37 CFR 1. Ity is governed by 35 U.S.C opplication form to the USP's for reducing this burden, sinia 22313-1450. DO NOT 1450.	311. The information 2. 122 and 37 CFR TO. Time will vary should be sent to the SEND FEES OR 0	on is required to ob 1.14. This collectic depending upon the Chief Information COMPLETED FOR	tain or retain a benefit by on is estimated to take 12 he individual ease. Any n Officer, U.S. Patent an RMS TO THIS ADDRE:	y the public which is to file (at 2 minutes to complete, includi comments on the amount of to d Trademark Office, U.S. Dep SS. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.